

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE notice + Order

7009 3410 0000 2595 5259

Postage	\$	10/31/12 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorse)		
Total F	Niki Smoker, Owner	
	Horseshoe Bar	
Sent To	P. O. Box 432 - 5777 Hwy. 2	
	Frazer, MT 59225	
Street, A or PO Box		
City, State, ZIP+4	DOCKET NO.: SDWA-08-2011-0043	

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **NOV - 1 2012**

Niki Smoker, Owner
Horseshoe Bar
 P. O. Box 432 - 5777 Hwy. 2
 Frazer, MT 59225

DOCKET NO.: SDWA-08-2011-0043

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. 7009 3410 0000 2595 5259

notice + Order

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540